Wiltshire Council

AGENDA

Meeting: **Health Select Committee**

Place: **Council Chamber - County Hall, Bythesea Road, Trowbridge, BA14 8JN**

Date: **Tuesday 2 November 2021**

Time: **10.30 am**

Please direct any enquiries on this Agenda to Matt Hitch matthew.hitch@wiltshire.gov.uk, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email matthew.hitch@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr Clare Cape
Cllr Mary Champion
Cllr Caroline Corbin
Cllr Dr Monica Devendran
Cllr Gavin Grant
Cllr Howard Greenman
Cllr Jack Oatley
Cllr Antonio Piazza
Cllr Pip Ridout
Cllr Mike Sankey
Cllr David Vigar

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Ernie Clark
Cllr Jon Hubbard
Cllr Mel Jacob
Cllr Dr Nick Murry
Cllr Tony Pickernell
Cllr Ricky Rogers
Cllr Tom Rounds
Cllr Ian Thorn
Cllr Graham Wright

Stakeholders:

Irene Kohler — Healthwatch Wiltshire
Diane Gooch — Wiltshire Service Users Network (WSUN)
Lindsey Burke — South West Advocacy Network (SWAN)
Sue Denmark — Wiltshire Centre for Independent Living (CIL)

Covid-19 Safety Precautions for Public Attendees

To ensure COVID-19 public health guidance is adhered to, a capacity limit for public attendance at this meeting will be in place.

You must contact the officer named on this agenda no later than 5pm on Friday 29 October if you wish to attend this meeting.

Places will be allocated on a first come first served basis.
To ensure safety at the meeting, all members of the public are expected to adhere to the following public health arrangements to ensure the safety of themselves and others:

- Do not attend if presenting symptoms of, or have recently tested positive for, COVID-19
- Follow one-way systems, signage and instruction
- Maintain social distancing
- Wear a face-mask (unless exempt)
- Where it is not possible for you to attend due to reaching the safe capacity limit at the venue, alternative arrangements will be made, which may include your question/statement being submitting in writing.

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Wiltshire Council may record this meeting for live and/or subsequent broadcast. At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

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To find car parks by area follow this link. The three Wiltshire Council Hubs where most meetings will be held are as follows:

County Hall, Trowbridge
Bourne Hill, Salisbury
Monkton Park, Chippenham

County Hall and Monkton Park have some limited visitor parking. Please note for meetings at County Hall you will need to log your car's registration details upon your arrival in reception using the tablet provided. If you may be attending a meeting for more than 2 hours, please provide your registration details to the Democratic Services Officer, who will arrange for your stay to be extended.

Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult Part 4 of the council's constitution.

The full constitution can be found at this link.

For assistance on these and other matters please contact the officer named above for details

AGENDA

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting**

To approve and sign the minutes of the meeting held on 8 September 2021.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public. To ensure Wiltshire Council COVID-19 public health guidance is adhered to, a capacity limit for public attendance at this meeting will be in place. You must contact the

officer named on this agenda no later than 5pm on Friday 29 October 2021 if you wish to attend this meeting. Places will be allocated on a first come first served basis and all requests may not be accommodated if there is high demand.

Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda no later than 5pm on Friday 29 October 2021. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on Tuesday 26 October 2021 in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on Thursday 28 October 2021. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **A Review of the Impact of the Pandemic on Carers Across the County** *(Pages 7 - 26)*

In its legacy report, the previous council's Health Select Committee recommended that a review of the impact of the pandemic on carers should be prioritised as a future committee item. The Chief Executive Officer of Carer Support Wiltshire in partnership with the council's Director Joint Commissioning will provide an overview of the impact of the pandemic and also consider the longer term implications for carers.

The committee is invited to consider the evidence and make recommendations on next steps as felt appropriate.

7 **Royal United Hospital Bath (RUH) - Shaping a Healthier Future - Health and Care Model Development** *(Pages 27 - 46)*

The RUH Programme team will provide the committee with a further update on the on the health and care vison/support model being developed and how this will shape any potential business case bids to invest in the RUH infrastructure.

The committee is invited to comment on the developments and consider how it may wish to scrutinise going forward.

8 **Update on the ICS Governance Framework for Wiltshire** *(Pages 47 - 56)*

A report is attached from the Corporate Director for People which outlines the progress made towards developing a governance framework for Wiltshire in readiness for April 1st, 2022 when a statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences.

The committee is invited to consider the report in in advance of Cabinet and make comments/recommendations as it deems appropriate.

9 **South Western Ambulance Service Trust - Engagement with the Health Select Committee**

Officers from the South West Ambulance Service Trust will provide an update on the key priorities for the service as it develops a new engagement strategy. The committee will have the opportunity to consider current ambulance performance levels for Wiltshire and determine how it would like to work with the Ambulance Service going forward.

10 **Housing Related Support - Outcome of the Rapid Scrutiny Exercise** *(Pages 57 - 62)*

The committee initiated a rapid scrutiny of the Housing Related Support Service at its 6 July meeting. The attached report summarises the findings and recommendations to emerge from the exercise.

Health Select Committee is asked to endorse the report and consider for approval the recommendations detailed in paragraph 25.

11 **Forward Work Programme** *(Pages 63 - 64)*

To consider the forward work programme for the Health Select Committee.

12 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

13 **Date of Next Meeting**

To confirm the date of the next meeting as 2.30pm on 11 January.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

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A review the impact of the pandemic on carers across the county, and looking forward

Judy Walker
CEO Carer Support Wiltshire

October 2021

Impact on carers of the pandemic – Carers UK survey reported in April 2020:

- 70% of carers were providing more care during the pandemic:
  - Over a third (35%) of carers provided more care as a result of local services reducing or closing
  - Some carers' paid working arrangements changed so they had more time
- Carers were, on average, providing 10 additional hours of care a week
- 69% were providing more help with emotional support, motivation, or keeping an eye/ checking in on the person they care for

Impact on carers of the pandemic – Carers UK survey:

….

- The majority (55%) of carers agreed or strongly agreed with the statement “I feel overwhelmed and I am worried that I’m going to burnout in the coming weeks”
- 87% of carers agreed/strongly agreed with the statement “I am worried about what will happen to the people I care for if I have to self-isolate or become ill”.

Carer Support Wiltshire also found many carers:

- did not resume receiving respite support due to fears about exposing vulnerable loved ones to Covid
- did not venture away from home until May 2021
- were experiencing mental stress – variety of factors
- young carers and young adult carers were experiencing isolation, and benefited from contact with schools, and support accessing ICT for academic work and peers

What Carer Support Wiltshire offered carers before lockdown?

- information, advice, strengths-based work with carers in their communities through Community Connectors
- Care Act assessments of carers
- carers cafés, group sessions on topics suggested by carers
- Carers Café at GWH
- Talk and support provided by volunteers
- Support for young carers:
  - via Youth Action Wiltshire – activities
  - aged 16 to 18 during ‘transition’
- young adult carers – incl. facilitating peer support

Services before lockdown 2

- e- and postal newsletters, social media
- websites incl. for young carers and young adult carers – YACbook
- Small grants for breaks/respite/pampering sessions
- Courage to Care service – identifying and supporting carers in the serving military
- Carer awareness training for hospital staff, links with carers leads
- GP accreditation scheme re surgeries' support for carers

Services during lockdown included:

- access to services via phone and Zoom
- volunteers making wellbeing checks, Community Connectors making welfare checks
- linking carers to the Council's Wellbeing Hub
- Carers register (11,200 carers) shared with WC to promote Wellbeing Hub
- Via WC, access to PPE for carers supporting people not living in their homes
- new counselling service for carers affected by lockdown
- online carers cafés and Talk and support provided by volunteers – many furloughed from corporates
- links with WC schools' staff highlighting that young carers were at risk of isolation

New Hospital Liaison Service (HLS)*

From 1 Feb to 30 April 2021, HLS aimed to

- identify carers early
- ensure carers had the right information
- support carers through the discharge process
- facilitate timely and effective discharge, Care Act assessments and help prevent re-admission

(*Based on Devon Carers joint funded Hospital Service)

HLS - data

- No. of referrals - 58
- No. of contacts – 497
- 22% of carers had a health and wellbeing assessment (13/58)
- 23% of carers went on to have a Care Act Carers Assessment (3/13)
- Average length of support - 23.9 days
- No. of readmissions – 2 due to health issues of cared for

HLS – benefits included:

- positive carer identification
- linking identified carers into effective support
- enabling carers to make informed choices about their caring role
- carer-awareness of hospital staff increased
- appropriate and supportive information sharing
- respecting carers as (and supporting them to be) expert partners in care

(*Based on Devon Carers joint funded Hospital Service)

HLS – successes included:

- the service's premise was welcomed by ward staff who saw the benefit for carers particularly as they were unable at that time to visit ward areas
- HLS staff visited wards and outpatient areas, providing opportunities to raise carer awareness with patients and carers
- awareness of HLS prompted questions in hospital multi – disciplinary meetings around carers and their support requirements.
- carers could ask questions of HLS staff around discharge that they had note been able to ask of ward/discharge teams
- consistency to carers in that HLS contact was with the same support worker

HLS - challenges included:

- both launching and promoting the HLS during the pandemic
- the late start meant hospital staff were already under pressure so engaging with a new service was not a priority
- as Flow Hub staff were home based, close collaborative working was not possible. If addressed this would have significantly increased referrals
- HLS had not been widely promoted within all acute hospitals and there was a lack of awareness of the purpose of the service
- getting early access from the start to hospital systems and discharge teams was not possible.
- as it was short-term, some areas may have felt that engaging with the HLS would not be beneficial.

HLS – feedback from carers included:

- *"I felt someone was listening to me and trying to get the answers for me as a carer and not just support my husband as the one in hospital. The Support I received was Brilliant, I tried to make contact but either I couldn't get an answer or the doctor/ nurse was available at the time of my call. Liaison Service managed to get all the answers I required and relayed them to me so I could fully understand the plan"*

- *"I didn't have any understanding of discharge until cared for was placed into care home. I am thankful for someone to talk to and explain what was happening. It's good to have a chance to speak to people about caring role and cared for"*

- *"Although the support options did not pan out as hoped, I felt I had been listened to and had somewhere to turn in the event I needed support. Liaison did really well contacting care coordinators and keeping me in the loop".*

Carers' experiences, feedback about other CSW services*

- 'Early in the pandemic felt abandoned. Couldn't get home deliveries, spent hours hanging on before being cut off.'

- '… inclusion of evening virtual cafes would be good for some; There's much advantage to be taken now that virtual events/meetings are acceptable. CSW should capitalise on this. The digital divide is a worry. Please make it a priority to help carers with technology by lockdown'

- 'You've been the only support during Covid that seems to have listened and heard my concerns for my Mum. I know there is nothing you can do to help us with her clinical and mental care but knowing there is someone who at least empathizes with the situation is helpful and supportive.'

*** Survey of 200+carers on CSW carer involvement database in the summer of 2020**

Carers' experiences, feedback about CSW services 2

- 'I've missed face to face meetings with people. I've had my daughter (severe learning disabilities) at home with me and she's been very needy. I've not been able to take full advantage of the phone call/ listening service. The virtual café would be a waste of time as my daughter would insist on seeing what was going on and would probably talk... a lot!'

- 'Do not have access to virtual meetings'

- 'I have not benefited or been disadvantaged'

- 'Benefited from the telephone help line. Had emails to check how things were going which was great'

CSW services after lockdown – July 2021 onwards

- Staff returned to offices, all services resumed with

  Covid security place for face-to-face activities, retaining virtual and phone access for carers who cannot get out

- carer awareness training in hospitals resumed but not at previous levels
- Carers Café at GWH not restarted due to on-going Covid issues

Carers' views on how they feel now*

- 'Confronting my independence and how to work that'
- 'Good - less commuting means a bit more downtime'
- 'Glad to be coming out the other end of it, however it has been draining for everyone, particularly I think for us as carers with additional responsibilities'
- 'Excited for things to get back to normal'
- 'Exhausted'
- 'Exciting but scary'

If still affected by the pandemic, what if anything would help?

- 'Finding more carer relief and agency support would help'.

*** Discussions led by two carers with nine carers on 30.9.2021**

Challenges and opportunities that emerged for CSW included:

- staff working from home – our ICT worked well during lockdown (what accommodation is needed going forward?)
- accessed Covid-specific funds – e.g. to improve website, for new counselling service, which is being continued
- carer awareness training in acute hospitals more challenging to set up

Challenges and opportunities that emerged for CSW included:

- forums co-ordinated by WC led to better and wider links with teams across Wiltshire during March 2020-March 2021, e.g. Wellbeing Hub, Communities and Neighbourhoods services, schools, Police, other VCSE services
- Courage to Care paused, carers directed to CSW helpline. Restarted in May 2021, focusing on re-building awareness

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Bath and North East Somerset,
Swindon and Wiltshire Partnership

Working together for your health and care

Shaping a Healthier Future
BSW Health and Care Model

2nd November 2021

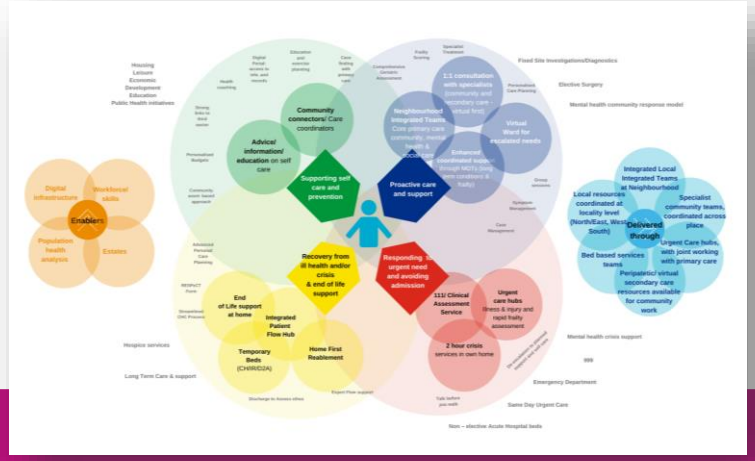
Wiltshire Health Select Committee

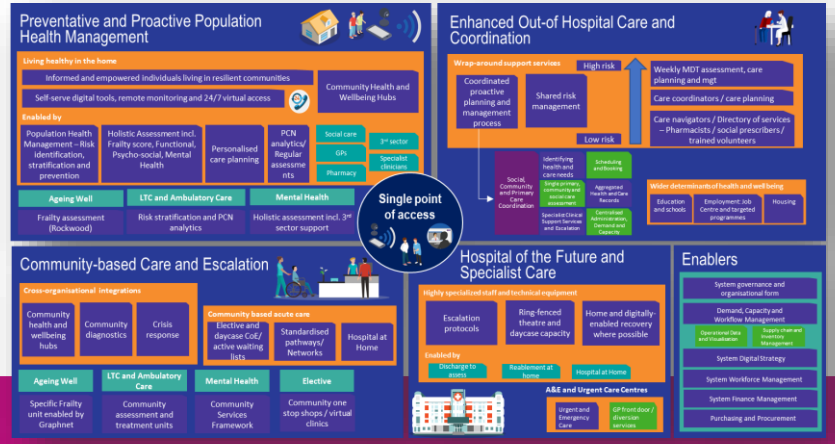
Contact: Geoff Underwood g.underwood@nhs.net

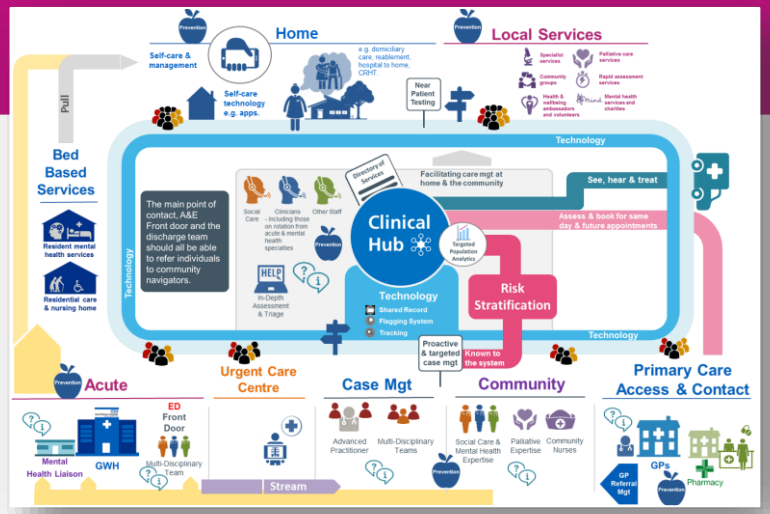
The development journey

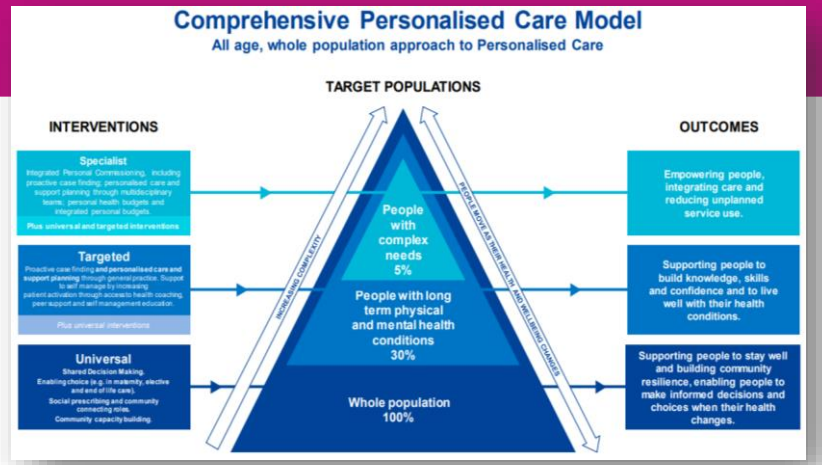
KPMG

What makes Israel a world leader in healthcare?









BSW Health and Care Model

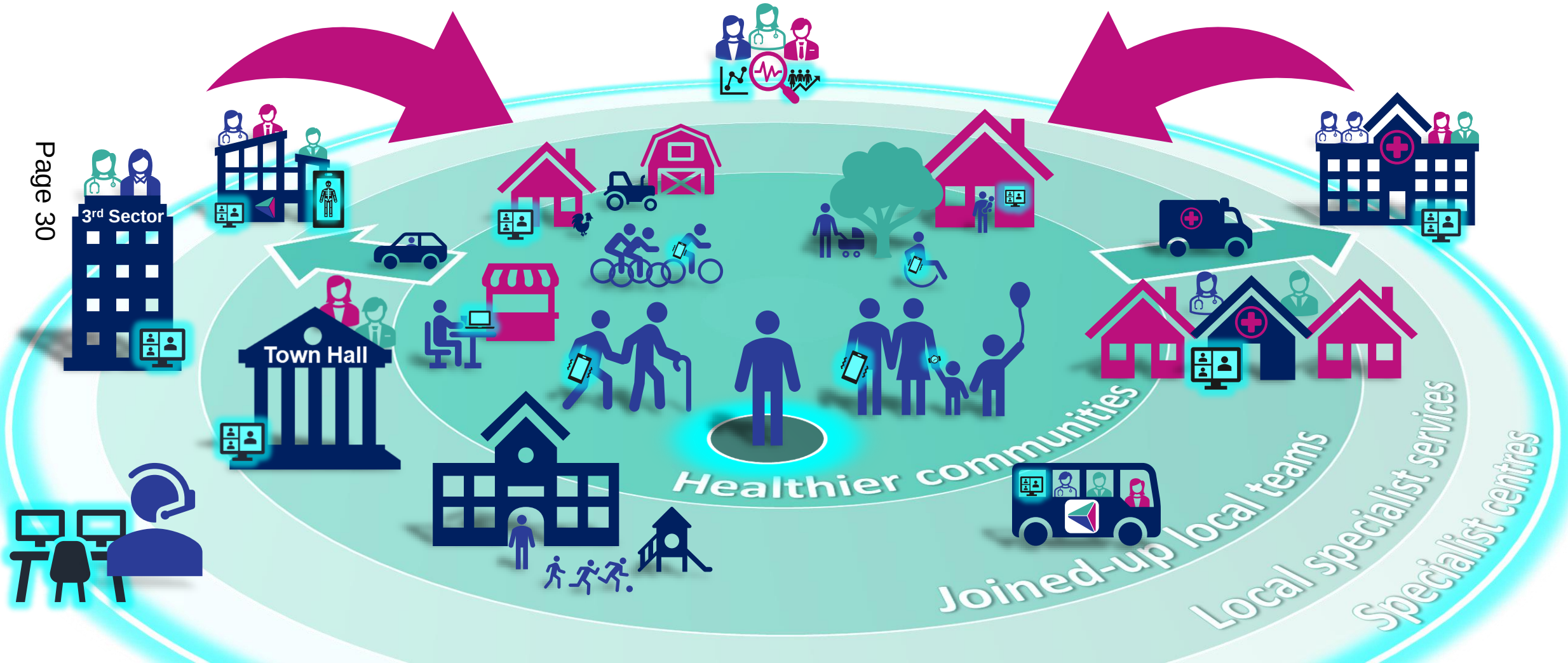
Version 1.0

Bath and North East Somerset,
Swindon and Wiltshire Partnership

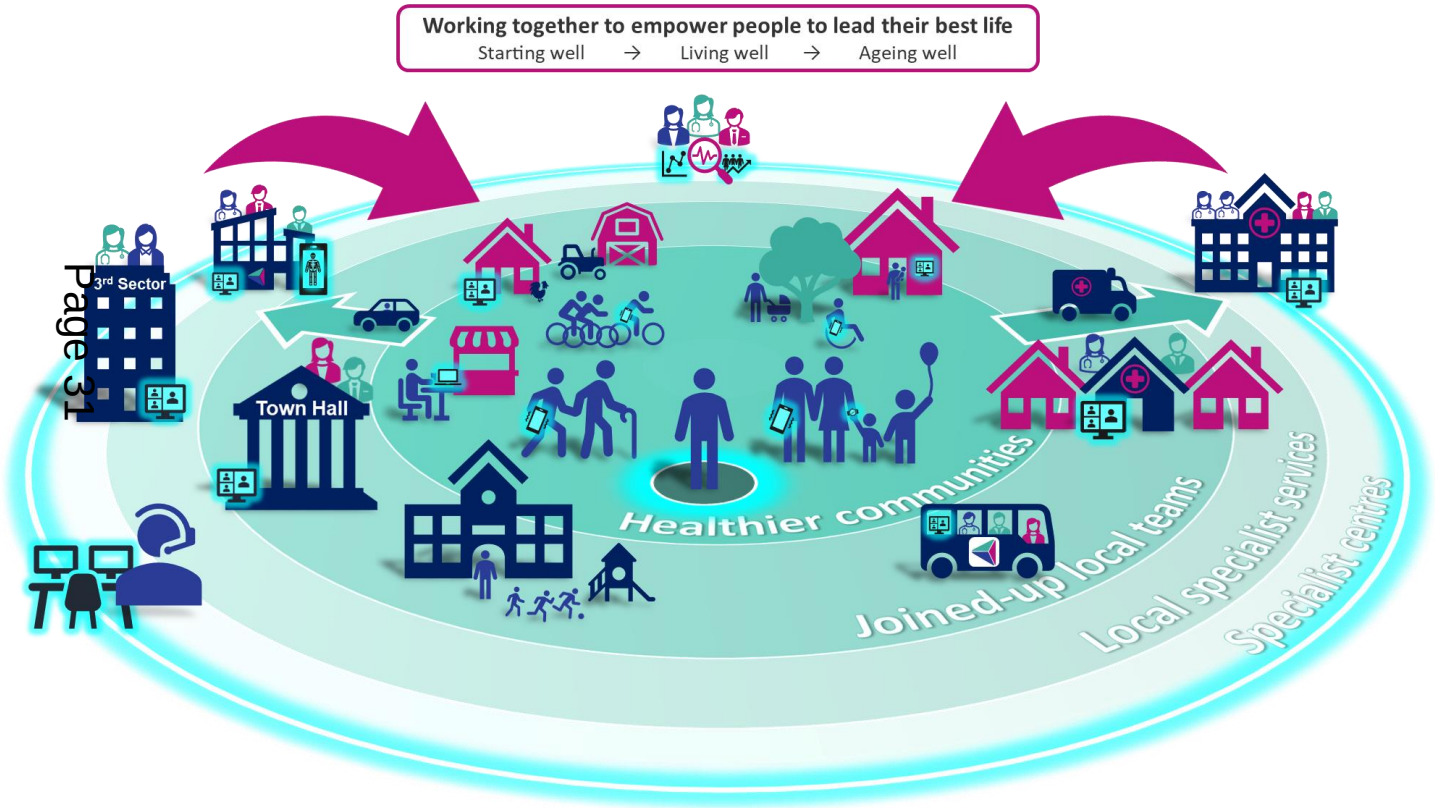
Working together for your health and care

Working together to empower people to lead their best life

Starting well → Living well → Ageing well



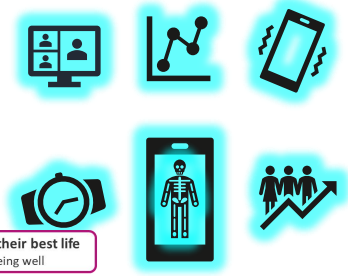
Five parts of the model



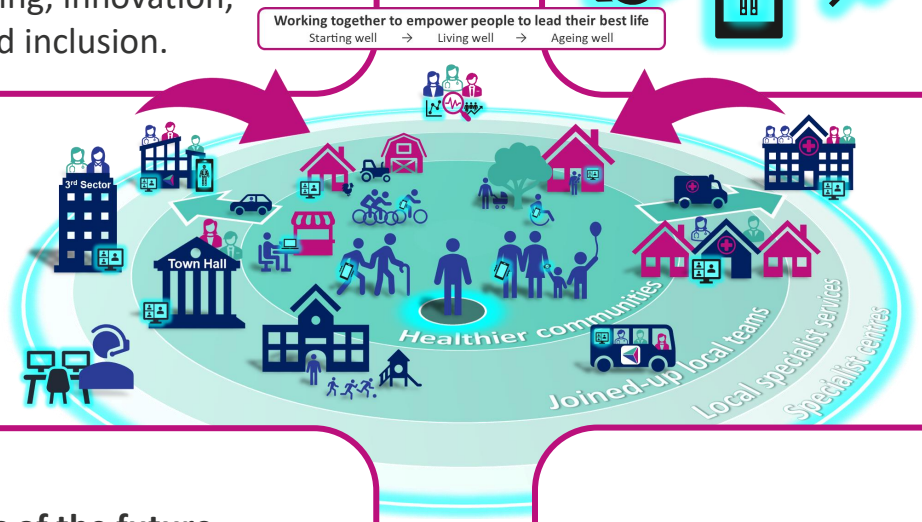
1. Personalised care
2. Healthier communities
3. Joined-up local teams
4. Local specialist services
5. Specialist centres

How we are going to make this happen

Developing our workforce
Over 34,000 people work in health and care in BSW. We are establishing the BSW Academy to unite and develop our workforce by investing in leadership, learning, innovation, improvement and inclusion.



Using digital by default
We will make full use of digital technology and data to improve health and care for people in BSW. We will make sure that all our teams and services are inclusive for people with limited access to technology.



Building facilities of the future
We will invest millions of pounds to improve our specialist centres, to build new community facilities and to buy more equipment.

Financial sustainability
We will make the best use of our combined available resources to deliver high quality care.

Next steps

Engagement

Engagement

- Launch on 2nd November 2021
- Aim:
  - To raise awareness of the BSW model and what it means for local communities
  - Two way dialogue with stakeholders about key principles of model in order to understand the barriers to access and the impact of these - especially for those affected by health inequalities
  - To provide details to the public of how they can keep involved going forward
- Approach:
  - Blended approach - mostly digital though with some off-line engagement opportunities.
  - Pragmatic – given resource and time constraints - and so targeted at communities experiencing health inequalities.
  - Collaborative with partners to maximise messaging
  - Using storytelling to explain engagement so far and highlight what new ways of working will mean for people in practice.
  - Engaging on the system-wide model but with options for localised additional engagement.

Engagement

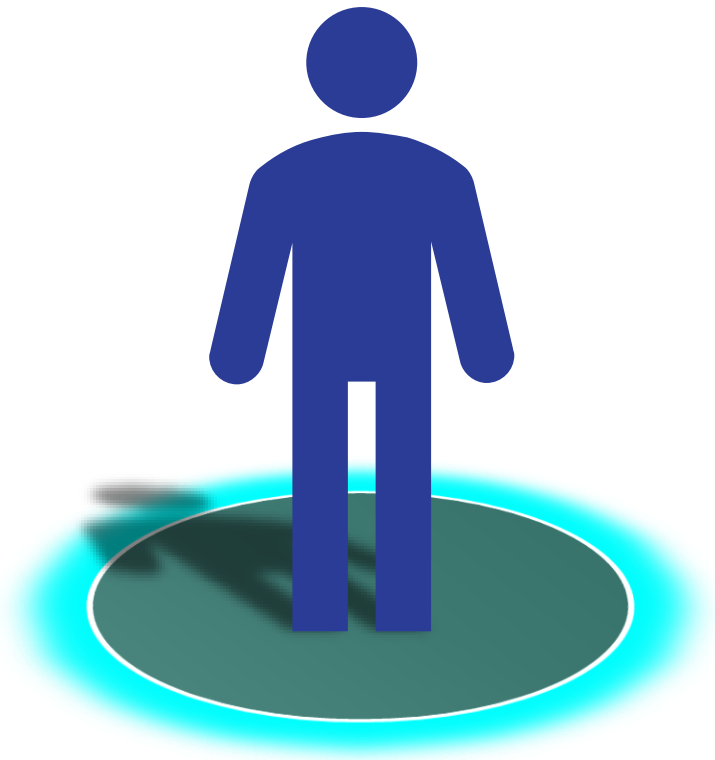
- Who we will engage with:
  - HealthWatch, Patient Participation Groups and Champions
  - General public – particularly identified communities experiencing health inequalities e.g. homelessness, mental health, rural isolated, BAME etc
  - BSW partner organisations and their staff, neighbouring CCG's
  - Clinicians and locality leads, social care organisations, out of hours and 111 providers
  - 3rd sector organisations
  - Educational institutions, Housing Associations, major local employers
  - Media, politicians, neighbourhood and residents groups

- How we will engage:
  - Surveys with localised questions – on websites and via press release
  - Posters and leaflets
  - Workshops with community, 3rd sector and patient groups
  - Interviews with key stakeholders

Appendix

More detail about the model

1. Personalised care

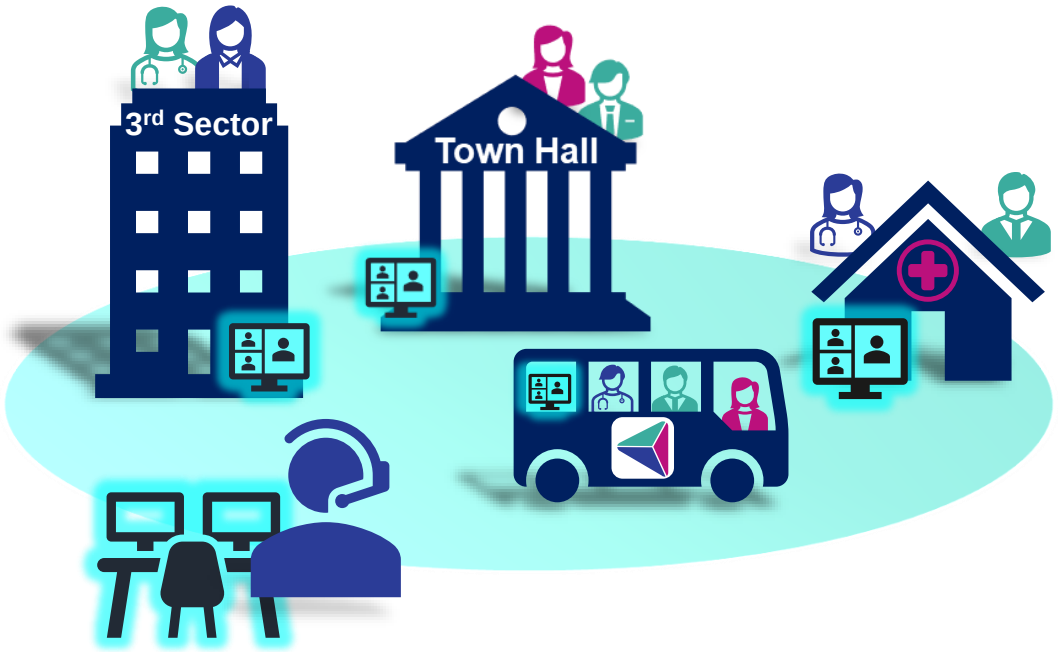


- Personalised care will be at the heart of everything we do in the future
- Shared decision making will enable people to make informed decisions and choices when their physical or mental health changes
- We will use proactive case finding and personalised care and support planning to support people with long-term physical and mental health conditions to build knowledge, skills and confidence to live well with their health conditions
- People with complex needs will be supported by multi-disciplinary teams and we will use tools like personal health budgets so that people can take charge of their own care

2. Healthier communities

- We will use a strengths-based approach to build capacity in communities
- We will connect with local resources to develop social prescribing and build connection within communities
- Population health management will give local teams the data to provide proactive support to communities and individuals so that they can maintain good health and wellbeing
- We will work to prevent illness and reduce health inequalities in all our communities

3. Joined-up local teams



- When people need health or care support, local teams with NHS, local authority and third sector members will work together to provide that support
- Teams will be set up locally to meet local needs
- Coordinators will make sure that the support that people need is joined-up and works for them. We want to stop people “falling in the cracks” between different teams or services

4. Local specialist services

- More specialist services will be available closer to where people live
- We will make more use of community locations like public buildings and high streets to provide access to information, appointments, group sessions, tests and treatments
- Digital technology will enable more services to be delivered remotely so there will be less need to travel to attend appointments in person

5. Specialist centres

- As more services will be available remotely and in community locations, our NHS, local authority and third sector specialist centres will be able to focus more on providing specialist care
- We will invest in our specialist centres to make sure that they are ready to meet the needs that our population will have in the future
- Specialists in our centres will be able to do more to support local teams and people in their own homes

How care could be different - Ageing well

Clara

85, Retired Bookkeeper

Clara has remained relatively independent despite the death of her husband 3 years ago, however she has had a number of falls in the last 5 years, and also been treated for multiple UTIs. She has fallen repeatedly at home, but wishes to remain independent. Her family would like to see her better supported.

Clara has just received acute care following a fall in her home. The **discharge to assess** initiative has allowed Clara to return home rapidly. The **GP** and **Care Coordinator**, using their **risk stratification tool**, identify Clara as high risk and recommend **remote monitoring**.

The **Care Coordinator** and **Social Care Team** work with Clara and her family to evaluate her home environment and develop a comprehensive care package through a **trusted assessment** between health and social care. With some small modifications and the installation of **monitoring devices**, everyone is satisfied Clara can continue to live at home safely.

By utilising a wide range of **digital monitoring devices and software**, Clara and her family can be assured that she is safe and well at all times. In the event of an emergency or fall, the staff at the **Community Hub** can act immediately with the appropriate course of action 24 hours a day, with **full shared access to her care record**.

Clara is able to attend her **local community centre** to meet her friends with support from the a **local third sector group** as part of her **wellbeing plan**.

She is also able to attend the **community frailty clinic** at the **Community Hub** and has been offered **virtual appointments** so she does not have to rely on others.

If Clara does fall, a **Rapid Response Team** is alerted via the monitoring devices in Clara's home and they can attend to support Clara. They are able to access Clara's **shared care records** to have the latest information and provide updates to the other teams supporting Clara.

Clara can be referred to a **community-based clinic** with enhanced **Community Frailty Multi-Disciplinary Team** who understand her history, have access to community diagnostics and can provide specialist support to the community team.

If required Clara can be admitted to a **virtual ward** for monitoring and treatment.

How care could be different – Long term conditions

Marvin

52, Warehouse Night Manager

Marvin is a night shift worker in a warehouse, who values the time outside of work he can spend with his family. He has poorly managed Type 2 diabetes and has been recently been diagnosed with COPD. He has a poor diet and is distrusting of health professionals so avoids visiting his GP.

The **Population Health Management** tool flags Marvin for a review using **risk stratification**. The **Care Coordination Team** contact Marvin and encourage him to attend to see his GP.

The **GP** and **Care Coordination** Team work with Marvin to **co-develop a Care Plan** that suits his work and family life so that he can self-monitor his diabetes and control its impact.

Marvin speaks to his **employer** about his **Care Plan** and how they can work together to ensure his health is prioritised and maintained. Marvin is able to access the **Community Hub** out of hours to suit his shifts.

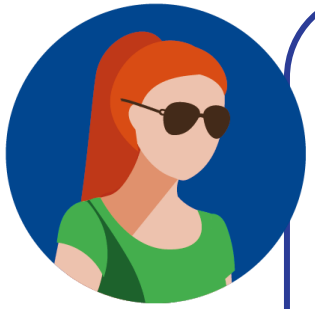
Marvin is able to access **diabetics group support sessions** and **1:1 virtual support** from his **GP** to help make changes in his life sustainable.

Marvin uses **remote monitoring** and the data he records is reviewed by a Diabetes Nurse in primary care. Marvin and the Diabetes Team can both initiate virtual appointments if they have concerns. The local team can access specialist input if required.

In the event of an **acute COPD episode**, Marvin can be seen by a **Respiratory Nurse Specialist** in his **local community assessment and treatment unit** in an ambulatory care setting. If required he can be admitted to a **virtual ward**.

Marvin is able to better control his diabetes through self monitoring and diet. This has enabled him to stay well and out of the hospital. He is able to access a local gym out of hours and is able to lead an active lifestyle.

How care could be different – Mental health



Sophie

25, Postgraduate Student

Sophie is an independent Masters student who lives on her own away from home. She is finding the pressures of writing her thesis stressful and her tutors have noticed she has not shown up to some seminars. Sophie has been struggling with anxiety. She has started drinking in the morning to take the edge off, and has also started abusing prescription drugs and cannabis. Sophie's family have noticed that she has become more withdrawn but she doesn't want to open up to them.

Sophie's tutors have received **training in awareness of mental health disorders** and notice alcohol on her breath. They also notice she is not as engaged in class and appears distracted when she does attend. They refer her to the campus **support team**.

Sophie attends an event at her campus organised by a **third sector mental health organisation**, in which people talk openly about their challenges with mental health. She downloads the **recommended app** and recognises that she needs support. The app contains a **24/7 virtual chat and helpline** which Sophie uses to talk about her concerns.

Using the app, Sophie arranges **face-to-face counselling sessions** at her campus. She discusses her progress with the counsellor, who is able to **message Sophie via the app** in between their sessions. Sophie commences evidence-based treatment for her addiction which continues for 3-6 months and she has an **allocated coordinator** to check in on her.

Sophie decides to tell her family more about how she is doing. Her family join an **online support forum** where they can chat to other families and attend webinars about how to best support their daughter

Sophie is able to **update her health records to share her progress from her phone.** Her **Coordinator** works to a **shared risk protocol** and knows the triggers and when to escalate to a **GP** or **Crisis Team**.

Sophie is encouraged to broaden her social network by joining an **art class** on campus, where she can nurture her talent for art alongside building her confidence. She joins a **peer support group** which gives her resilience and makes her feel like she's not alone.

Following the **early intervention**, Sophie's alcohol addiction is prevented from escalating and she is better equipped to manage her mental health challenges. She completes her thesis and graduates later that year.

How care could be different – Elective care

Jasek

48, Builder

Jasek has suffered with increasing aches and pains for the past few years after a knee injury 10 years ago and this has been complicated by early arthritis (which he believed runs in his family) but he is unsure if he wants to undergo an operation and take time off work. He also is concerned about the impact his health condition and lack of mobility is having on his wife.

Jasek is referred to the **Community MSK Service** by his **GP**. Jasek has been identified as a high risk of deterioration through the hospital **risk stratification tool** because of his arthritis and previous attendances.

The **MSK Service** work with Jasek to develop a **Care Plan** which he is able to access from his phone. Using the **virtual chat service**, he is able to have a lot of his questions answered.

As part of his **Care Plan**, Jasek has access to his local gym where he attends classes and he can even attend **virtual sessions** around his work times.

Jasek has ongoing support from a **Community Physiotherapy Team** and is able to attend the **Community Diagnostic Hub** for regular check-ups and **CT/MRI scans** if required.

Some time later, Jasek's knee feels much worse and he is referred for assessment for surgery. He books an appointment at his **Community Diagnostic Hub** for a **CT scan**. The **CT Radiographer** refers him to an **Orthopaedic Surgeon**.

Jasek discusses his options with the surgeon via a **virtual consultation** and through a **shared decision making** process Jasek decides to proceed with surgery.

Jasek is able to book his surgery on his phone at the **Local Treatment Centre** for a date after he gets back from holiday.

Jasek attends the **Local Treatment Centre** for his knee surgery and he is discharged with a **rehab plan** to adhere to at home.

Jasek uses the **virtual chat service** to answer a number of post op questions and is able to **initiate a follow-up appointment** if required at the local community hospital at a time and day that suits him.

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Wiltshire Council

Cabinet

30 November 2021

Subject: Development of the BSW Integrated Care System and the Wiltshire Alliance

Cabinet Member: Councillor Richard Clewer, Leader and Chair of the Wiltshire Health and Wellbeing Board

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Executive Summary

A statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences in April 2022. This paper outlines the development of place based collaboration between Wiltshire Council and NHS partners through the Wiltshire Alliance.

Proposal(s)

It is recommended that Cabinet:

Endorse the development of place based working through the Wiltshire Alliance

Agree to the development of a Memorandum of Understanding (including a collaboration agreement) together with new Terms of Reference for the proposed statutory structures

Reason for Proposal(s)

To support the Wiltshire Alliance in moving towards a new structure and working in a different way, it is proposed to develop and agree a Memorandum of Understanding (MOU) which includes a Collaboration Agreement.

Lucy Townsend
Corporate Director for People

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Wiltshire Council

Cabinet

30 November 2021

Subject: **Development of the Integrated Care System**

Cabinet Member: **Councillor Richard Clewer, Leader and Chair of the Wiltshire Health and Wellbeing Board**

Purpose of Report

1. To outline the developing arrangements for Bath and NE Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) and the role Wiltshire Council should play in them.

Relevance to the Council's Business Plan

2. This is relevant to the aims of the existing council business plan to protect the vulnerable and to localise and integrate care.

Background

3. In February 2021 the Government published the White Paper "Integration and innovation: working together to improve health and social care for all" [1]. This was followed by the introduction of the Health and Care Bill [2021][2] which is on course to pass into law by April 2022.

4. The bill focusses on setting out how the health and social care system should be based on integration rather than competition; its structure, and how Integrated Care Systems (ICS's) will be set up with distinct statutory functions for the Integrated Care Board (ICB) and Integrated Care Partnership.

5. The reforms are intended to place Integrated Care Systems (ICSs) on a statutory footing with a "broad duty to collaborate", and a "triple aim duty" to pursue:
    - Better health and wellbeing for everyone;
    - Better quality of health services for all individuals; and
    - Sustainable use of NHS resources.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960549/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-print-version.pdf

[2] Health and Care Bill publications - Parliamentary Bills - UK Parliament

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6. Fundamentally different from the purpose of Clinical Commissioning Groups (which will cease to exist from April 2022), ICSs will exist to:-
    - improve outcomes in population health and healthcare
    - tackle inequalities in outcomes, experience and access
    - enhance productivity and value for money
    - help the NHS support broader social and economic development.

7. Every part of England will be covered by an ICS that will bring together NHS organisations, local government and wider partners at a system level. For our area, the ICS covers Bath and North East Somerset, Swindon and Wiltshire (BSW). A partnership website has already been created to share information and developments **Home - BSW Partnership** [3].

8. Each ICS will comprise:

> "An **Integrated Care System Body**, that will be responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population. The ICS NHS Body will also merge the functions of non-statutory STPs/ICSs with the functions of a CCG.
>
> And
>
> An **Integrated Care System Health and Care partnership**, that will be responsible for bringing together systems to support integration and develop a plan to address the areas health, public health and social care needs." (Parliament, 2021)"

9. Placing ICSs on a statutory footing, and assigning them clear duties will, the Government states, deliver more efficient and more collaborative health and social care services to local populations.

10. The Health Foundation, however, noted while legislation is necessary, "making collaboration work depends as much on culture, management, resources, and other factors as it does on NHS rules and structures". The King's Fund agreed, noting that the success of the reforms would be "critically dependent on culture and behavioural change" rather than on legislation.

Guidance

11. Since June, NHS England and other government sources have begun publishing guidance to move health and care systems towards ICSs by April 2022[4]. In line with the White Paper and proposed Bill, the ICS Design Framework states new structures will include:-

[3] https://bswpartnership.nhs.uk

[4] https://www.england.nhs.uk/publication/integrated-care-systems-guidance/

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An ICS Health and Care Partnership

- Each ICS will have a **Partnership at system level**, formed by the NHS and local government as equal partners – **it will be a committee**, not a body.
- Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.
- There is an expectation that the ICS Partnership will have a specific responsibility to **develop an "integrated care strategy"** for their whole population.
- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – for local determination. *(an Independent Chair has been appointed for the BSW Partnership)*

An ICS NHS Body whose functions will include:-

- Developing a plan to meet the health needs of the population
- Allocating resources
- Joint working and governance arrangements
- Arranging for the provision of health services and major service transformation programmes
- People Plan implementation
- Leading system-wide action on digital and data
- Joint work on estates, procurement, community development, etc.
- Leading emergency planning and response

12. The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate, including commissioning of primary care and appropriate specialised services. There is an expectation that the ICS NHS body will have a unitary board – members of the **ICS NHS Board** will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

The BSW ICS Board and Partnership

13. Discussions and planning for the new statutory BSW ICS (a non-statutory version of which was established in late 2020) have been ongoing since before the COVID19 Pandemic. Since the announcement of the Government reforms, the BSW ICS has been making further preparations to take on the additional powers and arrangements proposed in the Bill.

14. The BSW Partnership provides a mechanism for collaboration and common decision-making for issues which are best tackled on a wider scale. The partners are inclusive of health, local authority and voluntary sector representatives across BSW. The BSW Partnership does not replace Partners'

Boards and Governing Bodies. Two principles underpin the governance arrangements:

- Decisions are made at system- or place (B&NES, Swindon and Wiltshire) -level, and taken by the partner organisations – leaders at system and locality levels come together and form agreements in principle and by consensus, then take these to their sovereign organisations for ratification;
- We aim to make and take decisions at the most appropriate level and as close to local level as possible.

15. The BSW Partnership has been developing its Partnership Memorandum of Understanding that sets out its vision, values, how it is are led, and how the partners will work together.

16. Stephanie Elsy was confirmed as Chair-Designate of the BSW Partnership Integrated care Board (ICB) in July 2021. The high level vision for BSW has been agreed as *"Working together to empower people to lead their best life".*

<u>Becoming an Integrated Care Alliance / Place-Based Partnership in Wiltshire</u>

17. The BSW Partnership is mapped to the footprint of the BSW Clinical Commissioning Group (CCG) which was formed from a merger of B&NES, Swindon and Wiltshire CCGs in April 2020.

18. Within the BSW area, there are separate, established and complex health and social care eco-systems with varying degrees of integration between services, health and social care. B&NES, Swindon and Wiltshire will therefore form their own Place-Based Partnerships of "Alliance". These Alliances will sit underneath the BSW ICS Partnership. The following diagram demonstrates the nested view of the BSW system as currently envisioned.

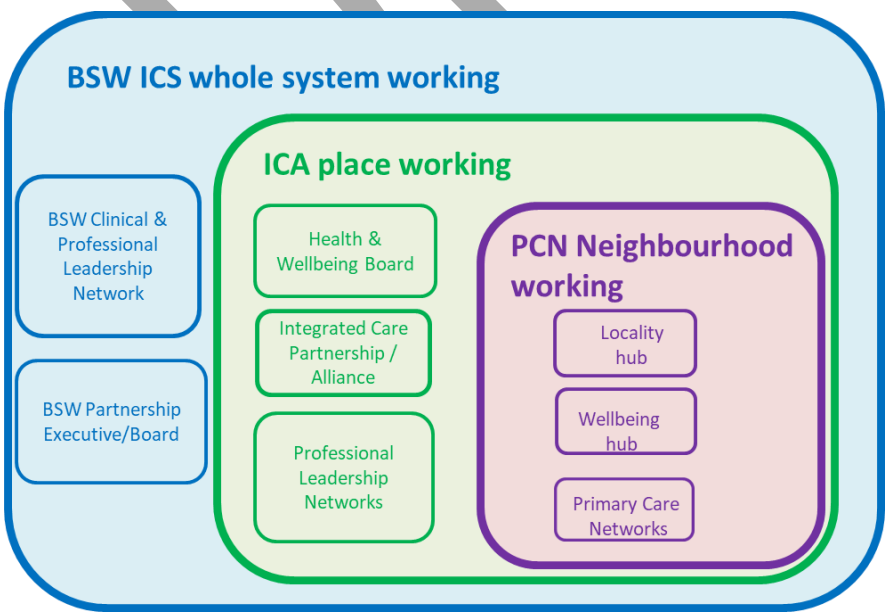

Figure 1 - System, Place and Neighbourhood

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19. The White Paper also "emphasised the important role of place-based partnerships to support joint-working between the NHS, local government and other partners in sub-system localities, as well as the opportunity for a significant amount of system decision-making at place-level where appropriate" (Thriving Places, 2021) [5]

20. The proposed Bill does not set out fixed arrangements for the governance of place-based partnerships such as the Wiltshire Alliance; instead, it gives flexibility for partners to agree how they work locally.

21. For Wiltshire, this means we need to establish a structure and governance system for the Wiltshire Integrated Care Alliance which supports the strategy and vision of the BSW Partnership whilst facilitating local decision-making, collaboration and integration.

22. The path to becoming an Alliance in Wiltshire started shortly before the Covid pandemic and has continued throughout the pandemic response. We have collaboratively developed the Wiltshire contribution to the BSW Vision (see Figure 1) and agreed principles for working together as an Alliance.

Figure 2 - Wiltshire Alliance contribution to BSW Vision

23. These are the principles that were co-developed and agreed through our workshops and network meetings:-

[5] ICS-implementation-guidance-on-thriving (england.nhs.uk)

1. **Work as one**: partners collaborate sharing expertise, data and resources in the interest of our population
2. **Be led by our communities**: decisions are taken closer to, and informed by, local communities
3. **Improve health and wellbeing:** we take an all-age population health approach to improve physical and mental health outcomes and promote wellbeing
4. **Reduce inequalities:** we focus on prevention and enhancing access to services for population groups who are in poorer health or challenging social circumstances
5. **Join up our services**: we develop integrated and personalised service models around the needs of individuals
6. **Enable our volunteers and staff to thrive:** we support ongoing learning and development, and work collectively to ensure well-being is prioritised

24. Through the same sessions and the Alliance Leadership Team and Alliance Delivery Group meetings, a programme of priority projects was agreed for 2021/2022. A shared Governance Framework for the work programme was agreed in June 2021 and the Alliance Programme Boards have been meeting since July 2021, reporting through into existing governance structures for decisions.

25. The Alliance Work Programme projects are aligned to the following themes which were also an output of the co-development workshops: -

- **We will work together to empower people to lead their best lives**
- **We will develop an in-depth understanding of local needs**
- **We will connect with communities on what matters to them**
- **We will drive improvement through local oversight of quality and performance**
- **We will jointly plan and co-ordinate our services around people's needs**

26. Examples of projects in the current Alliance programme include: -
    - our Alliance development,
    - Connecting with our communities and working towards co-development
    - implementing new ways of integrated working,
    - looking at our population data in new ways to improve outcomes,
    - Focussing transformation in a neighbourhood area
    - improving care for people at the end of their lives,
    - urgent care and flow improvement,
    - implementing overnight-nursing,
    - a 2-hour crisis response service and
    - expanding 'virtual wards' for residents in care homes.

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27. The pace and scale of planning has increased since the summer with the aim of achieving the final steps towards becoming an Alliance and taking a place as part of the BSW ICS. A series of workshops and regular meetings have been held during the autumn to gain the approval for the governance framework from all partner members by December 2021.

Main Considerations for the Council

Memorandum of Understanding and Collaboration Agreement

28. To support our Wiltshire Alliance in moving towards a new structure and working in a different way, it is proposed to develop and agree a Memorandum of Understanding (MOU) which includes a Collaboration Agreement. The MOU will be mapped to the Thriving Places guidance and will constitute the following elements:

Our place-based partnership

- Our place
- Our partners
- Our shared vision for Wiltshire
- Our shared objectives for Wiltshire

Purpose and role of our partnership

- Health and care strategy and planning at place
- Service planning and oversight of delivery
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support

Our governance arrangements

- How our place-based partnership makes decisions
- Our people and communities in our decision-making processes
- Accountability arrangements
- Conflicts of interest
- Delegations, financial arrangements
- Dispute resolution
- Adding partners to the place-based partnership

29. The MOU and Collaboration Agreement together with new Terms of Reference for the proposed statutory structures will be submitted for approval to the NHS Partnership Board and Cabinet in due course. Across our partners there is broad agreement to many elements of our developing MOU – our planned workshops and meetings will continue to develop and refine its content prior to submission for approval.

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Overview and Scrutiny Engagement

30. Health Select Committee had the opportunity to contribute to an early draft of this report at their meeting on 2 November; and the chair and vice chair took part in a Health and Wellbeing Board workshop on place based governance on 30 September. The Health and Care Bill may lead to some changes to the powers of the Health Select Committee which can be considered in due course.

Safeguarding Implications

31. No direct safeguarding implications.

Public Health Implications

32. No direct public health implications.

Procurement Implications

33. No direct procurement implications. The proposed place based governance will have to navigate different funding sources and accountabilities, procurement regulations and VAT regimes in the same way as existing joint procurement and commissioning between the council and NHS partners.

Equalities Impact of the Proposal

34. Equality analysis for individual proposals will need to be undertaken for individual proposals as now.

Environmental and Climate Change Considerations

35. No direct environmental or climate change considerations.

Risks that may arise if the proposed decision and related work is not taken

36. NHS decision making will reside at system (BSW) level if appropriate place based (Wiltshire) governance is not agreed.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

37. Governance arrangements may become complex and accountability blurred. This risk will be managed through developing a clear understanding of the role of each board within the proposed MoU and amongst partners.

Financial Implications

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38. No direct financial implications. Any pooled budgets, s75 agreements or requests for formal delegations will be brought before cabinet in due course.

Legal Implications

39. The Health and Wellbeing Board is set to maintain its existing responsibilities for developing a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and encouraging integration. The HWB has considered its desired relationship to other elements of place based governance and is considering this at its next meeting on 2 December.

40. Any formal delegations of local authority decision making will be considered as part of the MoU to be agreed by cabinet.

Workforce Implications

41. No direct workforce implications. Any proposals for additional joint teams would be brought forward in due course.

Conclusions

42. The development of an MoU for place-based working between the NHS and Wiltshire Council will ensure clarity in decision making structures and increase local accountability.

Lucy Townsend, Corporate Director, People

Report Author: David Bowater, Executive Office, david.bowater@wiltshire.gov.uk

22 October 2021

Appendices

None

Background Papers

None

Wiltshire Council

Health Select Committee

2 November 2021

Rapid Scrutiny Exercise:
Housing Related Support (HRS)

Purpose

1. To seek endorsement of the findings and recommendations of the Housing Related Support (HRS) rapid scrutiny (RS) exercise.

Background

2. The Health Select Committee (HSC) at its 6 July meeting 2021 initiated a rapid scrutiny exercise to review the council's preferred position in respect of the HRS.

3. This followed the Cabinet decision of 29 June 2021, where Cabinet agreed to note the preferred position of the council to end the HRS Service and support residents through a transition phase (Option B).

4. Cabinet gave delegated authority to the Director of Joint Commissioning, in consultation with the Cabinet Member/Corporate Director to take the final decision following a further consultation.

5. The RS group met with the Executive on 13 October 2021 to review the final proposals in advance of the delegated decision. In support of the exercise the group was provided with a report and given a presentation which together outlined the results of the consultation and provided background to the proposed decision.

Membership

6. Cllr Ruth Hopkinson (Lead Member)
   Cllr Johnny Kidney
   Cllr Mike Sankey
   Cllr David Vigar
   Diane Gooch

Witnesses

7. Cllr Jane Davies (Cabinet Member: Adult Social Care)
   Helen Jones (Director Joint Commissioning)
   Vincent Edwards (Head of Commissioning - Adults)
   Natalie Heritage (Senior Commissioner)
   Deborah Elliot (Commissioning Manager, Community Services)

Summary of deliberations

8. The meeting was structured around two elements:

   i) to evaluate the preferred position taken by Cabinet;
   ii) to ensure appropriate support was in place for existing service users (if the service was to end).

9. Reviewing the Cabinet decision, the group was told that the HRS was originally commissioned to help people maintain their tenancies. It was intended to offer residents support to continue to live as independently as possible, avoiding the need for formal social care.

10. The group learnt that many HRS services had ended across the country as they duplicated the statutory obligations for landlords around tenant support.

11. HRS cost the council £957,987 per annum. It was offered over 130 sheltered housing schemes across Wiltshire (2,279 households), was non-statutory and not based upon need. Members learnt that HRS had evolved over time with the consultation results highlighting that 62% of service users now used it to reduce social isolation rather than its original purpose around maintaining tenancies.

12. Operationally, an HRS officer (HRSO) visited a sheltered housing scheme once per week, being available in the communal area. These times were advertised to residents on a poster within the communal space. Residents could also book a 1:1 appointment (typically up to 30 minutes) with the HRSO who visited them on a separate date. The HRSO organised group activities in some schemes including 'knit and natter' and coffee mornings. The group learnt that there was an inconsistency of application, with Somerset Care running 14 activities in 49% of their sites and Cera Care running 60 activities in 70% of their sites. Access to activities was not equitable across Wiltshire's community areas with Tidworth and Marlborough, for example, only having access to activities in 11% and 18% of their schemes.

13. In terms of usage 54% of respondents opted out of the service because they felt they didn't need it and 58% were happy for the landlord to meet HRS needs through their statutory duties. Whereas 42% of respondents felt they may need additional support if HRS ended. Of key concern to the group was the 140 households (6% of residents) who were using the current service that may have eligible social care needs (as identified by landlords, providers, residents contacting the commissioning team and adult social care performance).

14. Moving onto the second element of the meeting, the group sought assurances that if the HRS scheme was to end that appropriate support would be available during the transition and beyond.

15. It was reaffirmed that landlords had a statutory responsibility to help residents maintain tenancies by offering support around benefits, for example. The

Housing Ombudsman Regulator enforced these duties. The project delivery team also reassured members that they met monthly with providers to ensure HRS responsibilities continued if the council ended its support.

16. The 6% of residents with a potential social care need would be offered a care assessment. Undertaking 140 care assessments in advance of the deadlines was a challenge and the Director of Access and Reablement was identifying resource to meet this demand. This exercise would potentially ensure that the residents would be given more appropriate support, if the care assessment agreed that they were eligible. However, the group was concerned that the social isolation activities delivered through the HRS had prevented residents from developing a social care need and sought assurance that ongoing support would be put in place to combat social isolation.

17. The project team confirmed that they working alongside Community Engagement Managers, to help identify activities that residents could participate in and maintain social wellbeing. It was acknowledged that not all CEMs had been contacted regarding this role assigned to them in the proposals as of time of the RS meeting. Additionally, the new Prevent and Wellbeing team was currently recruiting new staff. This would build upon the work of the Local Area Coordinator Scheme, which had been undertaken across eight of Wiltshire's pilots and would offer further resilience around support. It was felt useful that the HSC received an update on the work of this team and recommended its inclusion within the forward work programme.

18. Concern was voiced within the group that because of the pandemic a number of community activities had been mothballed and too heavily a reliance on the voluntary sector as a solution would come with risk during a pandemic. It was confirmed that these discussions were being picked up with landlords and VCS partners through the community resource workstream.

19. The group was also told that the landlords and providers had identified individuals who they felt potentially had social care or isolation needs and were speaking to them on a 1:1 basis to ensure support continued and that they had the necessary assurances. The providers were also continuing to make referrals for residents to Advice and Contact or the VCS, where appropriate.

20. Twelve residents had responded within the survey stating that they would like support with their substance misuse, most likely alcohol. Public health leads or the Wiltshire substance Misuse Service were not currently part of the project team. It was felt beneficial that team engaged with these experts to attempt to ensure appropriate help was available for the residents.

21. Finally, members established that TUPE (Human Resource regulations) would not be applicable to the preferred council position of option B. However, advice from Human Resources was that TUPE could not be categorically ruled out at this stage, as the council had not yet made its final decision.

Conclusion

22. When considering the statutory responsibilities for landlords, the survey responses of the residents, the fact that the service no longer fulfilled its original purpose, the inconsistency of application, and the £957,987 potential savings available, the group concluded it was satisfied with the council's preferred option to end the HRS with residents supported appropriately through this period of change.

23. The group was satisfied that the project team had plans in place to manage the transition to April 1st but expressed concern over the challenge of delivering it on schedule. This included ensuring care assessments were completed, the Prevention and Wellbeing Team being fully operational and the Community Engagement Team working with the voluntary sector to ensure activities were consistently available across the county. The RS group did feel, however, that as landlords now had to meet their statutory responsibilities it was felt that further reassurance was required to ensure that this was deliverable too.

24. With that in mind it was felt appropriate to request support for a second meeting to be held by February 2022 to ensure the delivery plan for transition was being fully implemented and that residents would have access to appropriate support following the end of the service on March 31st, 2022.

Recommendations

The Health Select Committee is asked to approve the following findings from the RS exercise;

i) That the group was satisfied that the preferred position of the council - option B, was the most appropriate way forward for the HRS;

ii) That the group was satisfied that a transitional plan was in place to March 31st 2022, subject to the project team engaging with Public Health colleagues to identify potential substance misuse support;

iii) That in recognition of the number of milestones within the transition plan that the RS group reconvenes in early 2022 to meet with landlords, project team, community engagement team and volunteers to ensure that ongoing appropriate support was in place for residents up to and beyond April 1st 2022;

iv) That the HSC incorporates an update on the work of the Prevention and Wellbeing Team into their forward work programme.

Cllr Ruth Hopkinson, lead member for the rapid scrutiny exercise – Housing Related Support

Report author: Ceri Williams, Senior Scrutiny Officer, 01225 713 704,
Ceri.Williams@Wiltshire.gov.uk
Appendices None
Background documents None

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Health Select Committee
Forward Work Programme

Last updated 1 NOVEMBER 2021

Health Select Committee – Current / Active Task Groups			
Task Group	**Details of Task Group**	**Start Date**	**Final Report Expected**
N/A			

Health Select Committee – Forward Work Programme			Last updated 1 NOVEMBER 2021		
Meeting Date	**Item**	**Details / Purpose of Report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
11 Jan 2022	Update on the Shared Lives Programme	HSC to be updated on the programme which helps people live as a part of a family, within the carers home, where they receive the support or care that they need.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	
11 Jan 2022	Wiltshire Health Checks	An overview of the impact of the pandemic on the Wiltshire Health Check initiative.	Kate Blackburn (Director - Public Health)	Cllr Simon Jacobs	Katie Davies
11 Jan 2022	Future Plans for Diagnostics in Wiltshire	Health Select Committee to be introduced to the plans and strategy being developed within Wiltshire relating to health diagnostics.		Cllr Simon Jacobs	
11 Jan 2022	Prevention and Wellbeing Team Overview	Health Select Committee to receive an update of the work of the newly created Prevention and Wellbeing Team.	Emma Legg (Director - Adult Care, Access and Reablement)	Cllr Jane Davies	Emma Legg
1 Mar 2022	Adult Social Care System Review	Health Select Committee to consider the outcomes of a system review of Adult Social Care.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
1 Mar 2022	Update on MHCLG funding for Domestic Abuse	Health Select Committee to receive a 6 month update on the application of MHCLG funding for Domestic Abuse support.	Kate Blackburn (Director - Public Health)	Cllr Simon Jacobs	Hayley Mortimer